

## 服务提供商溢付款通知函 Vendor Overpayment Notice

1. 公司/服务提供者姓名或名称以及地址

2. 日期

3. 报告单位或机构索引编号

4. 服务提供商/服务提供者号码

**VR**

5. SSPS 服务代码/来源/原因/原因代码

6. 社会服务支付系统(SSPS)授权号码

7. 会计编码 (非 SSPS 溢付款)

8. 领取者姓名

9. 我们已经确定, 您曾获得一笔对商品或服务之溢付款, 涵盖从\_\_\_\_\_至\_\_\_\_\_这段时期, 金额为\$\_\_\_\_\_。

10. 对溢付款之说明:

本处必须于您接获此通知函二十(20)天内收到付款。请在您的个人支票或银行汇票之收款人一栏内填写"DSHS / OFR" (请在所有付款支票、往来信件及电话联系中包括服务提供商/服务提供者号码), 并将此支票或银行汇票寄送至:

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)  
ECONOMIC SERVICES ADMINISTRATION (ESA)  
OFFICE OF FINANCIAL RECOVERY (OFR)  
PO BOX 9501 MS 45862  
OLYMPIA WA 98507-9501

如果您需要安排偿款, 请致电财务追缴处/服务提供商追缴处 (Vendor recovery):

(360) 664-5700  
1-800-562-6114 (免费电话)  
1-800-833-6388 (TTY 华盛顿州中继转接服务专线)

如果您不同意此通知书中的内容, 可以提出举行一次行政听证会的请求。您必须以书面形式提出此类请求, 并须包括以下内容:

- 您的姓名、地址、电话号码, 以及服务提供商/服务提供者号码 (请在每一页上填写此情况)。
- 陈述您认为此通知函内容有误的理由, 并包括所有证明文件。
- 财务追缴处 (地址如上所列) 必须于您接获此通知函之日起二十八(28)天之前收到您的请求书。
- 应采用要求回执的保递邮件(CMRRR)寄送; 或者采用另一种可追踪的交付服务。

我们可透过以下方式征收溢付款: 对您的不动产或私人财产提出留置权、住宅止赎、查封和销售, 颁发扣缴与交付命令 (工资扣押), 或者我们可以采用的其它征款措施, 藉以征收溢付款债款 (华盛顿州修正法规 RCW 43.20B.675)。

我们将向您收取利息, 以及与此溢付款征收相关的任何费用 (华盛顿州修正法规 RCW 43.20B.695)。

11. 工作人员签名

12. 工作人员姓名 (请工整填写)

13. 工作人员的电话号码

工作人员的电子邮箱

若希望在网上填写此表格, 请登入: <http://asd.dshs.wa.gov/FRMS/index.htm>

## Instructions for completing the Vendor Overpayment Notice, DSHS 18-398A

A complete vendor overpayment packet must include: a) DSHS Form 18-398A - Vendor Overpayment Notice; b) DSHS Form 18-399 - Social Service Incorrect Payment Computation. Both forms are available online at: <http://www.dshs.wa.gov/FRMS/index.html> Please type all forms online, print, and mail to the Office of Financial Recovery (OFR) at MS 45862 or by United States Postal Service (USPS) (see address information at the bottom of this page) or send as an email attachment to: [vendorop@dshs.wa.gov](mailto:vendorop@dshs.wa.gov).

### A. Completing the overpayment forms (must be typed)

1. Company / Provider's Name and Address: vendor/provider's name and business address as it appears on the contract.
2. Date: enter the date that the 18-398a is filled out.
3. Reporting Unit or Org Index: used for the payment.
4. Vendor / Provider Number: enter the Vendor / Provider's number under which the overpayment was incurred. Use the suffix "VR" after the numerals.
5. SSPS Service Code, Source Reason Code, and Reason Code: all three codes refer to the service under which the overpayment occurred.
6. SSPS Authorization Number: enter the SSPS authorization number.
7. Account Coding: If the overpayment is not related to an SSPS service, provide the following AFRS coding: Fund, Appropriation Index, Program Index, Sub Object, Sub-sub Object, Organization Index, and Allocation Code.
8. Recipient Name: DSHS client receiving service associated with the overpayment.
9. Overpayment Service Period: state the period the overpayment occurred and the amount of overpayment.
10. Explanation of Overpayment: provide a brief explanation of what caused the overpayment.
11. Worker's Signature: sign in this box (only if mailing document to OFR).
12. Worker's Name: print your name in this box.
13. Worker's Telephone Number and Email Address: include your direct phone number and email address.

### B. E-Mailing the overpayment packet to OFR

1. The link to the online form is: <http://www.dshs.wa.gov/FRMS/index.html>
2. Send the completed form to OFR as an email attachment to: [vendorop@dshs.wa.gov](mailto:vendorop@dshs.wa.gov)
3. If you have any questions or need any other assistance, send an email to: [vendorop@dshs.wa.gov](mailto:vendorop@dshs.wa.gov)

### C. Overpayment modification

1. Complete a new form by following the instructions in section A above.
2. When modifying an overpayment, DO NOT write "Cancel" or any other handwritten information on or across the old Notice of Overpayment form.
3. Use today's date. In box 10 type "This is a modification of a debt sent previously". Enter new amount and explanation including date and amount of original overpayment.
4. Mail the completed form to Office of Financial Recovery (OFR) / CVOU at MS 45862 or by United States Postal Service (USPS) (see information at the bottom of this page) or send as an email attachment to: [vendorop@dshs.wa.gov](mailto:vendorop@dshs.wa.gov)
5. If you have any questions or need any other assistance, send an email to: [vendorop@dshs.wa.gov](mailto:vendorop@dshs.wa.gov)